

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : ATTORNEY FOR <i>(Name)</i> : NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY: PLAINTIFF: DEFENDANT:	TELEPHONE NO.:	FOR COURT USE ONLY
NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Garnishment)		LEVYING OFFICER FILE NO.: COURT CASE NO.:

TO THE LEVYING OFFICER:

1. Name and address of judgment creditor

2. Name and address of employee

Social Security Number *(if known)*:

3. The Notice of Filing Claim of Exemption states it was mailed on
(date):

4. The earnings claimed as exempt are

a. ☐ not exempt.

b. ☐ partially exempt. The amount **not** exempt per month is
\$

5. The judgment creditor opposes the claim of exemption because

a. ☐ the judgment was for the following common necessities of life *(specify)*:

b. ☐ the following expenses of the debtor are **not** necessary for the support of the debtor or the debtor's family *(specify)*:

c. ☐ other *(specify)*:

6. ☐ The judgment creditor will accept \$

per pay period for payment on account of this debt.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



.....
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)